


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

		FLORIDA DEPARTMENT OF STATE Jim Smith Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <b>P00000064438</b>			
1. Corporation Name <b>DIRECT MAIL CONSULTANT INC</b>			
2. Principal Office Address <b>4245 BERRY ROAD</b> Suite, Apt. #, etc.		3. Mailing Office Address <b>P. O. BOX 193</b> Suite, Apt. #, etc.	
City & State <b>GRANT, FL</b> Zip <b>32949</b> Country		City & State <b>GRANT, FL</b> Zip <b>32949</b> Country	

FILED  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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4. Date Incorporated or Qualified To Do Business in Florida <b>6/30/00</b>	
5. FEI Number <b>59-3656376</b>	Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent			
Name <b>KAREN FAUNCE</b>			
Street Address (P.O. Box Number is Not Acceptable) <b>4245 BERRY ROAD</b>			
Suite, Apt. #, Etc.			
City <b>GRANT</b>	State <b>FL</b>	Zip Code <b>32949</b>	

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.	
Signature of Registered Agent <i>Karen R Faunce</i>	Date <b>9-23-02</b>
REGISTERED AGENT MUST SIGN	

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Titles <b>P, V, S, T</b>	Name of Officers and/or Directors <b>KAREN FAUNCE</b>	Street Address of Each Officer and/or Director <b>4245 BERRY ROAD</b>	City / State / Zip <b>GRANT FL 32949</b>

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.	
SIGNATURE: <i>Karen R Faunce</i>	321-127-3398
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #

CR2E081 (9/01)